

NAVSHIPREPFAC YOKOSUKA  
LOCAL STANDARD ITEM

CONTRACT WORK  
ONLY

FY-02

ITEM NO: 099-40YO  
DATE: 01 JUL 2001  
CATEGORY: I

1. SCOPE:

1.1 Title: Requirements for Contractor Cranes at Naval Facilities;  
accomplish

2. REFERENCES:

- a. Industrial Safety and Health Law (Roudou Anzen Eisei Hou)
- b. Enforcement Order of Industrial Safety and Health Law (Roudou Anzen Eisei How Shikou Rei)
- c. Ordinance on Industrial Safety and Health (Roudou Anzen Eisei Kisoku)
- d. Safety Ordinance for Cranes, etc. (Kuren tou Annzen Kisoku)
- e. Construction Code for Mobile Cranes (Idoushiki Kuren Kouzou Kikaku)
- f. Construction Code for Overload Preventive Devices (Kuren matawa Idoushiki no Kuren no Kahuka Boushi Souchi Kouzou Kikaku)

3. REQUIREMENTS:

3.1 Notify the U.S. Fleet and Industrial Supply Center, Yokosuka, Japan (FISC) Far East Contracting Department, Code 201.3, **NAVSHIPREPFAC Lifting and Handling Office, Code 170, and NAVSHIPREPFAC Surveyor** 24 hours prior to bringing any crane onto a Naval facility.

3.2 Comply with the requirements of 2.a through 2.f prior to bringing or using any contractor cranes on Naval facilities.

3.2.1 Maintain written documentation of the last weight test of the crane and all related weight handling equipment in the cab of crane.

3.2.2 **Submit** a completed and signed Certificate of Compliance, Attachment A, for each crane brought onto a Naval facility **to Code 201.3, Code 170 and the Surveyor.**

3.2.2.1 Post a copy of Attachment A in the cab of crane.

3.3 Designate in writing the trained and qualified operators and post the designations in the crane at all times.

3.3.1 Provide certification that operators for mobile cranes are designated as qualified by a crane operators qualification source.

3.3.2 Provide certification that the operator is qualified to operate the crane to be used.

3.3.3 Ensure the designated operators comply with the following requirements:

3.3.3.1 Have understanding of all signs, notices, and operating instructions, and the applicable hand signals prescribed by Article 71 of 2.d for the type of crane in use. Post an illustration of the signals on the crane.

3.3.3.2 Not have uncorrected defective eyesight or hearing.

3.3.3.3 Not be known to suffer from heart disease, epilepsy, or similar ailments which suddenly could incapacitate him/her.

3.3.3.4 Be at least 18 years of age.

3.4 Ensure the handling and rigging gear and below the hook lifting devices and personnel comply with the following requirements:

3.4.1 Personnel accomplishing rigging shall have an understanding of all signs, notices, and operating instructions, and be familiar with the applicable hand signals prescribed by Article 71 of 2.d for the type of crane in use.

3.4.2 Personnel accomplishing rigging shall be familiar with the rigging requirements in 2.a through 2.f.

3.5 Inspect rigging gear in accordance with 2.a through 2.f.

3.5.1 Maintain certification records on site available for review during all work.

3.5.2 All current certification records must include at a minimum safe working load of rigging gear, the date of the inspection and signature of the inspector noting the expiration date of each certification.

(V) "INSPECT CRANE"

3.6 Contractor shall:

3.6.1 Ensure all inspections are accomplished in accordance with 2.a through 2.f (daily, monthly, quarterly, and yearly), and retain the current documentation of inspections. Documents shall be maintained in the cab of crane.

3.6.1.1 Accomplish daily pre-use inspections and testing on all load hoisting and lowering mechanisms, boom hoisting and lowering mechanisms, swinging mechanisms, traveling mechanisms (if to be used that day), and safety devices.

3.6.2 Cranes that have to be rerated shall be in accordance with 2.a through 2.f and documentation maintained in the cab of crane.

3.6.3 Post a completed copy of Attachment A in the cab of crane.

3.6.4 Have an operational anti-two-block device or a two-block damage prevention feature for all points of two-blocking.

3.6.5 Have a boom hoist disconnect, shutoff, or hydraulic relief to automatically stop the boom hoist when the boom reaches a predetermined high angle.

3.7 Maintain a legible and indelible completed copy of Attachment A and the following certification and testing documentation in the cab of the crane, and submit a copy of them to Code 170 prior to entry and use on any Naval facility:

3.7.1 Crane certification.

3.7.2 Load testing.

3.7.3 Yearly, monthly, and daily inspection logs.

3.7.4 Rope/sling certifications.

3.7.5 Operator certifications/designations.

3.7.6 Designation of person accomplishing log inspections.

3.8 Develop and maintain on site a critical lift plan as follows:

3.8.1 Critical lifts are:

3.8.1.1 Lifts over 80 percent of the capacity of the crane or hoist (at any radius of lift).

3.8.1.2 Lifts involving more than one crane or hoist.

3.8.1.3 Lifts of personnel.

3.8.1.4 Lifts involving non-routine rigging or operation.

3.8.1.5 Lifts involving sensitive equipment.

3.8.1.6 Lifts with unusual safety risks.

3.8.2 Specify the size and weight of the load to be lifted, including crane and rigging components which add to the weight. The Original Equipment Manufacturer's maximum load capacities for the entire range of the lift shall also be provided.

3.8.3 Specify lift geometry, including the crane position, boom length and angle, height of lift, and radius for the entire range of the lift, and shall apply to both single and multiple crane lifts.

3.8.4 Specify a rigging plan showing the lift points, rigging gear, and rigging procedures.

3.8.5 Specify environmental conditions under which lift operations are to be stopped.

3.8.6 Demonstrate compliance with the requirements of Articles 72 and 73 of 2.d for lifts of personnel.

3.8.7 Provide data that is needed to establish facility ground loading restrictions/conditions to Code **170**.

3.8.8 Complete and maintain a copy of Attachment B for each lift.

**3.8.9 Submit a copy of the critical lift plan including Attachment B to Code 170 prior to each lift.**

3.9 Report verbally each accident to Code 201.3, Code 170, **the** Surveyor, and **NAVSHIPREPFAC** Occupational Safety and Health Office, Code 120 as soon as management becomes aware but not later than four hours of such an event.

3.9.1 Secure the accident site and protect evidence until released by Code 201.3 and Code 170.

3.9.2 Withhold further crane operations until the cause is determined and corrective actions are implemented and approved by Code 201.3 and Code 170.

3.9.3 A crane accident is when any of the following occurs during crane operations:

3.9.3.1 Personnel injury or death.

3.9.3.2 Material or equipment damage.

3.9.3.3 Dropped load.

3.9.3.4 Derailment.

3.9.3.5 Two-blocking.

3.9.3.6 Overload.

3.9.3.7 Collision, including unplanned contact between the load, crane, and/or other objects.

3.9.4 Provide a formal written report of the event to Code 201.3 and NAVSHIPREPFAC Commanding Officer with copies to NAVSHIPREPFAC Production Officer, the surveyor, Code 120 and Code 170 within 24 hours of each accident.

3.9.5 Submit four legible copies of the accident report consisting of a summary of circumstances, and explanation of cause(s), and corrective actions taken, using Attachment C, to Code 201.3 via Code 170 and Code 120.

#### 4. NOTES:

4.1 None.

ATTACHMENT A

CERTIFICATE OF COMPLIANCE			
<p>Contractor shall complete this form and submit one copy to the Contracting Department, <b>NAVSHIPREPFAC Code 170, and NAVSHIPREPFAC Surveyor</b> at least 24 hours prior to bringing any crane on <b>Naval Facilities</b>. This certificate shall be signed by an official of the company that provides cranes for any application under this contract. This certificate is only valid for the contract specified. Cranes will not be allowed on any Naval activity without a signed copy of this certificate posted in cab. All operations are subject to periodic surveillance.</p>			
LOCATION: (Include sketch if necessary)		DATE(S) OF CRANE OPERATION:	
DESCRIPTION OF WORK/ <b>JOB ORDER NO.:</b>		CONTRACTOR OFFICE:	
CONTRACTOR OFFICER/PHONE:		CONTRACT NUMBER:	
PRIME CONTRACTOR:		POINT OF CONTACT/PHONE:	
CRANE SUPPLIER/PHONE: (If different from prime contractor)		POINT OF CONTACT/PHONE:	
CRANE MANUFACTURER:	MODEL:	CAPACITY:	CRANE ID NO:
GROSS VEHICLE WEIGHT:	MAXIMUM LIFT DURING OPERATION:	MAX OUTRIGGER LOAD DURING OPERATION:	
CRANE OPERATOR'S NAME(S):			
<p>I certify that: (1) The above noted crane <b>and associated rigging gear conform</b> to all applicable Japanese laws and regulations. (2) The operators noted above have been trained and are qualified for the operation of the above noted crane and that those operators have been trained not to bypass safety devices during lifting operations.</p>			
CONTRACTOR OFFICIAL PRINTED NAME/TITLE:		DATE:	
SIGNATURE:			
<p align="center"><b>POST ON CRANE</b> (IN CAB OF VEHICLE)</p>			

ATTACHMENT B

CONTRACTOR CRANE OPERATION CHECKLIST		YES	NO
1	Does the operator know the weight of the load to be lifted?		
2	Is the load to be lifted within the crane manufacturer's rated capacity in its present configuration?		
3	Is the crane level and on firm ground?		
4	Are outriggers required?		
5	If so, are outriggers fully extended and down, and the crane load off the wheels?		
6	If blocking is required, is the entire surface of the outrigger pad supported and is the blocking material of sufficient strength to safely support the loaded outrigger pad?		
7	If outriggers are not used, is the crane rated for on-rubber lifts by the manufacturer's load chart?		
8	Is the swing radius of the crane counterweight clear of people and obstructions and accessible areas within the swing area barricaded to prevent injury or damage?		
9	Has the hook been centered over the load in such a manner to minimize swing?		
10	Is the load well secured and balanced in the sling or lifting device before it is lifted more than a few inches?		
11	Is the lift and swing path clear of obstructions?		
12	If rotation of the load being lifted is hazardous, is a tag or restraint line being used?		
13	Are personnel prevented from standing or passing under a suspended load?		
14	Is the crane operator's attention diverted?		
15	Are proper signals being used at all times?		
16	Do the operations ensure that side loading is prohibited?		
17	Are personnel prevented from riding on a load?		
18	Are start and stop motions in a smooth fluid motion (no sudden acceleration or deceleration)?		
19	If operating near electric power lines, are the rules and guidelines understood and adhered to?		
20	Is the lift a critical lift?		
21	If so, are all regulations understood and check-off sheets initialed and signed off?		
Contractor:		Subcontractor:	
Location:		Date:	

## ATTACHMENT C

<b>WEIGHT HANDLING EQUIPMENT ACCIDENT REPORT</b>					
Report Date:					
From:			To: FISC Far East Contracting Department, Code 201.3		
UIC:					
Activity:			Report No:		
Crane No:		Cat:	Accident Date	Time:	hrs
SPS: GPS:		Crane Type:	Crane Manufacturer:		
Location:			Weather:		
Crane Capacity:		Hook Capacity:	Weight of Load on Hook:		
NAVSAFECEN Reportable YES ____ NO ____ Damage Cost Estimate: (Only if >\$10,000)					
Accident Type:					
____ Personal Injury    ____ Overload    ____ Derail    ____ Damaged Rigging Gear ____ Load Collision    ____ Two Blocked    ____ Dropped Load    ____ Damaged Crane ____ Crane Collision    ____ Damaged Load    ____ Other (Specify)					
Chargeable to:					
____ Track Walker                  ____ Rigger                  ____ Operator ____ Maintenance              ____ Management/Supervision    ____ Other (Specify)					
Crane Function:					
____ Travel        ____ Hoist        ____ Rotate        ____ Luffing        ____ Lower ____ Telescoping					
Is this accident indicative of a recurring problem?    ____ Yes        ____ No					
If Yes, list Accident Report Nos.: _____					
ATTACH COMPLETE AND CONCISE SITUATION DESCRIPTION AND CORRECTIVE/PREVENTIVE ACTIONS TAKEN AS ENCLOSURE (1). Include probable cause and contributing factors. Assess damages and define responsibility. For equipment malfunction or failure include specific description of the component and the resulting effect or problem caused by the malfunction or failure. List corrective/preventive actions assigned and responsible codes. Number of months experience at the job or activity by personnel involved in the accident.					
Preparer's Signature			Code:	Date:	
CONCURRENCES (Include Signature, Code, and Date):					
NAVSHIPPREPFAC LIFTING AND HANDLING OFFICE			Code 170	Date:	
NAVSHIPPREPFAC OCCUPATIONAL SAFETY AND HEALTH OFFICE			Code 120	Date:	
CONTRACTOR CERTIFYING OFFICIAL				Date:	

ATTACHMENT C (CONTINUED)

WEIGHT HANDLING EQUIPMENT ACCIDENT REPORT INSTRUCTIONS

- 1 - Report Date: The date the accident report is completed.
- 2 - From: The Naval activity that owns the crane and UIC number.
- 3 - Activity: The Naval activity where the accident took place.
- 4 - Report No.: The activity assigned accident number (e.g., 98-001).
- 5 - Crane No.: The activity assigned crane number (e.g., PC-5).
- 6 - Category: Identify category of crane (i.e., 1, 2, or 3).
- 7 - Accident Date: The date the accident occurred (month/day/year).
- 8 - Time: The time (24 hour clock) the accident occurred (e.g., 1300).
- 9 - Category of Service: Special purpose service (SPS) or general purpose service (GPS).
- 10 - Crane Type: The type of crane involved in the accident (e.g., mobile, bridge).
- 11 - Crane Manufacturer: The manufacturer of the crane (e.g., Dravo, Grove, P&H).
- 13 - Weather: The weather conditions at time of accident (e.g., wind, rain, cold).
- 14 - Crane Capacity: The certified capacity of the crane (e.g., 60 tons).
- 15 - Hook Capacity: The capacity of the hook involved in the accident at the maximum radius of the operation.
- 16 - Weight of Load on Hook: If applicable, the weight of the load on the hook.
- 17 - NAVSAFECEN Reportable: Check yes or no. See OPNAVINST 5100.23 for more information.
- 18 - Damage Cost Estimate: Estimate total cost of damage resulting from the accident if greater than (>)\$10,000.
- 19 - Accident Type: Check all that apply.
- 20 - Cause of Accident: Check all that apply.
- 21 - Chargeable to: Check all that apply.
- 22 - Crane Function: Check the function(s) in operation at time of accident. Check all that apply.
- 23 - Is this a recurring problem?: Check yes or no. Identify any other similar accidents.
- 24 - Situation Description/Corrective Actions: Self-explanatory.
- 25 - Concurrences: Signatures of activity personnel verifying the accident report.